

## CLAIMS ONLY

Application Number           

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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45						
46						
47						
48						
49						
50						
Total - Indep	3					
Total Depend	6					
Total Claims	9					

May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total						
Indep						
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Total						
Claims						

**BEST AVAILABLE COPY**